

**BEST AVAILABLE COPY**

<b>MULTIPLE DEPENDENT FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-875)</small>						<b>CLAIM</b> <b>1</b>	<b>SERIAL NO.</b> <b>101579302</b>	<b>FILING DATE</b> <b> </b>					
						<b>APPLICANT(S)</b> <b> </b>							
<b>CLAIMS</b>													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51					
2								52					
3								53					
4								54					
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41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
<b>TOTAL IND.</b>	3	↓		↓		↓		<b>TOTAL IND.</b>		↓			
<b>TOTAL DEP.</b>	18	←		←		←		<b>TOTAL DEP.</b>		↓			
<b>TOTAL CLAIMS</b>	21							<b>TOTAL CLAIMS</b>					